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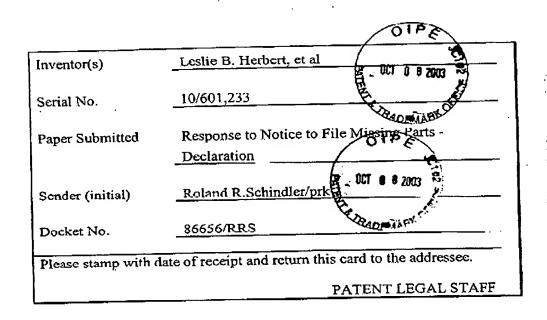
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Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET			
As below named invent				<u> </u>						
My residence, post office address a			ow next to	my name.						
I believe I am the original, first a					il, first and join	nt invent	or (if plurat	names are	listed	
below) of the subject matter which								OI	DE S	
IMAGING METHOD	AND SYS	TEM						har o o	رسي ا	
The specification of which (check	only one item bek	ow):					- 3		اها	
is attached hereto.							N. C.	200	and de	
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was amended on (if appl		NI								
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Thereby state that I have reviewed inferred to above	and understand th	e contents of	ine above-	identified specification,	including the c	ianns, a	s amended by	у апу ліпсі	ment	
I acknowledge the duty to disclose		t & Tradomai	rk Office a	ll information known to	me to be mate	rial to pa	atentability a	s defined i	in Title	
<ul><li>37. Code of Federal Regulations,</li><li>I hereby claim foreign priority ber</li></ul>		S5. United St	ates Code.	&1 (9 (a)-*d) or 365 (b)	of any forcign	unplicat	tion(s) for pa	nent or inv	entor's	
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and have also identified below an										
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Trademark Office all information available between the filing date of								.56. which	became	
PRIOR US APPLICATIONS OF 35USC§120:	R PCT INTERNA	TIONAL AP	PLICATIO	ONS DESIGNATING T	HE U.S FOR	BENE	FIT UNDER			
U.S. APPLICATIONS						STATUS (Check one)				
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sined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY DOCKET 86656RRS POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Direct Telephone Calls to: Send Correspondence to: Patent Legal Staff Eastman Kodak Company Roland R. Schindler, II 343 State Street (585) 588-2736 Rochester, NY 14650-2201 FAX: (585) 477-1148 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF B. Leslie Herbert **GOUNTRY OF CITIZENSHIP** STATE OR FOREIGN COUNTRY CITY MES CONCE P D New York 14624 USA USA Rochester STATE & ZIP CODE (COUNTRY) BUSINESS ADDRESS BUSINESS ADDRESS Eastman Kodak Company 343 State Street, Rochester New York 14650 USA SECOND GIVEN NAME HALL NAME OF S Karen M. Taxier COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY REPUBLICE & Rochester New York 14618 USA USA BUSINESS ADDRESS STATE & ZIP CODE (COUNTRY) ADDRESS 2 New York 14650 USA Eastman Kodak Company 343 State Street, Rochester FIRST GIVEN NAME SECOND GIVEN NAME FILL NAME OF ŧ Fink Howard STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & MA 01720 USA USA Acton STATE & ZIP CODE (COUNTRY) BUSINESS ADDRESS NATIONESS ADDRESS Eastman Kodak Company 343 State Street, Rochester New York 14650 USA FAMILY NAME FIRST GIVEN NAME SECOND DIVEN NAME FULL NAME OF Casciano Anthony STATE OF FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE A ٥ Victor New York 14564 USA USA BUSINESS-ADORESS STATE & ZIP CODE (COUNTRY) BUSINESS 343 State Street, Rochester New York 14650 USA Eastman Kodak Company EVMILY NAME STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESCENCE & ٥ STATE & ZIP CODE (COUNTRY) DUBINEBB ADDRESD SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME FULL MAHE OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIE PRINDENCE A CITIZENS-4P Ò STATE & ZIP CODE (COUNTRY) BUSINESS ADDRESS busness Apperss I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 202, SIGNATURE OF INVENTOR 201 **∠**συ⊃ 1200 2 SIGNATURE OF INVENTOR 205 SIGNATURE OF INVENTOR

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